U.S. Department of Stastic 24-CV-02662-LKG

United States Marshals Service

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See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF N.I.V AND TANISHA							COURT CASE NUMBER		
DEFENDANT WMATA POLICE DEPARTMENT, OFFICER ARTIS #869 and. OFFICER CRAWFORD #1							TYPE OF PROCESS		
NAME	OF INDIVIDU	AL, COM	PANY, COI	RPORATION. ET	C. TO SERVE OR DE	SCRIP	IL TION OF PROPERTY TO	O SEIZE (OR CONDEM
<	n Street								
111			tment No., C	ity, State and ZIP	Code)				
	ngton D.C 20		TED AT NA	ME AND ADDR	ecc bel OW	1		T	·······
N.I.V and TANISHA SMITH 73 E High St Somerville, New Jersey 08876						Number of process to be served with this Form 285			
						Number of parties to be served in this case		4	4
						Check for service on U.S.A.			
SPECIAL INSTRUCTION All Telephone Numbers, a					'IN EXPEDITING SE	ERVICE	(Include Business and A	Alternate 2	Addresses,
 	nu Estimuteu 1	imes zivui	nuoie joi se	incey.					Fo
	Λ								
Signature of Attorney other			vice on beha		PLAINTIFF	TELEPI	HONE NUMBER	DATE	
Signature of Attorney other	Originator requ	uesting ser			DEFENDANT	718-	300-5995	9/9/2	
Signature of Attorney other SPACE BELOV	Originator requ	nesting ser	U.S. M	ARSHAL O	DEFENDANT NO NO	718-: OT W	300-5995 RITE BELOW	9/9/2	LINE
Signature of Attorney other SPACE BELOV I acknowledge receipt for the through the process indicated.	Originator requestre V FOR US the total Total I.	uesting ser		ARSHAL O	DEFENDANT NO NO	718-: OT W	300-5995	9/9/2	
Signature of Attorney other SPACE BELOV I acknowledge receipt for the number of process indicated (Sign only for USM 285 if n	Originator requestreated V FOR US ne total l. nore	nesting ser	U.S. M.	ARSHAL O	DEFENDANT NO NO	718-: OT W	300-5995 RITE BELOW	9/9/2	LINE
Signature of Attorney other SPACE BELOV acknowledge receipt for the number of process indicated Sign only for USM 285 if man one USM 285 is submit thereby certify and return to	Originator requestress of the total lands of the to	SE OF I Process	U.S. M. District of Origin No served , □	ARSHAL O District to Serve No	DEFENDANT ONLY DO NO Signature of Author the of service, have	718-	RITE BELOW SMS Deputy or Clerk ed as shown in "Remarks	9/9/2 THIS	Date Date cess described
Signature of Attorney other	Originator required by FOR US ne total l.	SE OF 1 Process Decreased to the a	District of Origin No served , □ address show	District to Serve No	DEFENDANT NLY DO NO Signature of Author te of service, have the individual, comp	718-	RITE BELOW SMS Deputy or Clerk ed as shown in "Remarks poration, etc. shown at the	9/9/2 THIS	Date Date cess described
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DISTRIBUTE TO:

- 1. CLERK OF THE COURT
- 2. USMS RECORD
- 3. NOTICE OF SERVICE
- 4. BILLING STATEMENT*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
- 5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

U.S. Department of Stassic 4-cv-02662-LKG United States Marshals Service

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PLAINTIFF N.I.V AND TANISHA						COURT CASE NUMBER		
DEFENDANT ARYANA A INGRAM						TYPE OF PROCESS		
NAME OF IND	IVIDUAL, COM	PANY, CORI	PORATION. ETC	C. TO SERVE OR DE	SCRIPTI	ON OF PROPERTY TO) SEIZE (OR CONDEMN
$ \begin{array}{c} \mathbf{SERVE} \\ \mathbf{AT} \end{array} \begin{array}{c} 9717 \text{ Summit} \\ \hline \text{ADDRESS (Street)} \end{array} $	Circle, Apt 1.	A						
•			v, State and ZIP (Code)				
	oro, MD 2077		C AND ADDRE	ecc DELOW			T	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW						Number of process to be served with this Form 285		
N.I.V and TANISHA SMITH 73 E High St Somerville, New Jersey					Number of parties to be served in this case		4	
Somerville, New Jersey 08876					Check for service on U.S.A.			
SPECIAL INSTRUCTIONS OR O All Telephone Numbers, and Estin				IN EXPEDITING SE	RVICE (Include Business and A	lternate A	<u>Addresses,</u>
_								Fold
Signature of Attorney other Origina	tor requesting ser	vice on behalf	•	PLAINTIFF DEFENDANT		ONE NUMBER 00-5995	DATE 9/9/2	24
SPACE BELOW FO	R USE OF	U.S. MA	RSHAL O	NLY DO NO	OT W	RITE BELOW	THIS	LINE
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more	Total Process	District of Origin	Signature of Authorized USMS		MS Deputy or Clerk		Date	
than one USM 285 is submitted)			1	1				
		No	No					
I hereby certify and return that I		served , h	ave legal evidence					
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I hereby certify and return that I on the individual, company, corpora	I am unable to loo	served, haddress shown	ave legal evidence above on the on	the individual, compa	any, corp	oration, etc. shown at th	e address	inserted below.
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